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| PATENT APPLICATION FEE DETERMINATION RE<br>Effective December 8, 2004   |  |   |  |                                   |                   |                                      |        | Application or Docket Number 75/582674                |  |       | lumber .                   |                        |
|---|--|---|--|-----------------------------------|-------------------|--------------------------------------|--------|---|--|-------|----------------------------|------------------------|
|   |  | CLAIMS                                      | AS FILED (Colum  |                                   | -                 | (Column 2)                           |        | SMALL EN  | TITY   | OR    | OTHER THAN<br>SMALL ENTITY |                        |
| U.S. NATIONAL STAGE FEES  |  |   |  |                                   |                   |                                      | ] .    | RATE  | FEE  | 7 ·   | RATE                       | FEE                    |
| BASIC FEE   |  |   | SMALL EN   | T. = \$ 150                       | LAR               | GE ENT. = \$ 300                     | 1      | BASIC FEE   |  | OR    | BASIC FEE                  | 300                    |
| EXAMINATION FEE   |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100                 |                                   |                   | ther situations =<br>\$ 100 / \$ 200 | 1      | EXAM, FEE   | <del>                                     </del> | 1     | EXAM. FEE                  | 200                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                   |                   | ther situations =<br>3 250 / \$ 500  |        | SEARCH FEE  |  | 1     | SEARCH FEE                 | How                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | mir  | nus 100 =                         |                   | /50 ±                                | 1      | X \$ 125 =  |  | 1     | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | /5 minus 20 = .  |                                   |                   |                                      |        | X \$ 25 =   |  | OR    | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS  |  |   | 5  | ninus 3 =                         | •                 | 2                                    |        | X \$ 100 =  |  | OR    | X \$ 200 =                 | 410                    |
| MUI   | LTIPLE DEPEN                                   | DENT CLAIM PR                               | ESENT  |                                   |                   |                                      |        | + \$ 180 =  |  | OR    | + \$ 360 =                 | 100                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |                                   |                   | •                                    | TOTAL  |   | OR.  | TOTAL | 1300                       |                        |
| CLAIMS AS AMENDED - PART (I  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST NUMBER PRESENT  |  |   |  |                                   |                   |                                      | ·<br>} | OTHER THAN SMALL ENTITY OR SMALL ENTITY  ADDI-  ADDI- |  |       |                            |                        |
| AMENDMENT A   | 912106   | AFTER<br>AMENDMENT                          |  | PREVIO<br>PAID                    | WSLX              | PRESENT<br>EXTRA                     |        | RATE  | TIONAL   |       | RATE .                     | TIONAL<br>FEE          |
|   | Total  | • 15  | Minus  | - 2                               | <u> </u>          | •                                    |        | X \$ 25 =   |  | OR    | X \$ 50 =                  |                        |
|   | Independent                                    | • 5   | Minus  | <b>5</b>                          |                   | -                                    |        | X \$ 100 =  |  | OR    | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |                   |                                      | N      | + \$ 180 =  | J  | OR    | + \$ 360 =                 |                        |
|   |  |   |  |                                   | •                 |                                      | -      | TOTAL ADDIT.<br>FEE                                   |  | OR    | TOTAL ADDIT.<br>FEE        |                        |
|   |  | (Column 1)                                  |  | (Colun                            | n 2)              | (Column 3)                           |        |   |  |       |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>· AFTER<br>AMENDMENT |  | HIGHI<br>NUME<br>PREVIO<br>PAID I | SY<br>IER<br>USLY | PRESENT<br>EXTRA                     |        | RATE  | ADDI-<br>TIONAL<br>FEE                           |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus  | **                                |                   | ė                                    | ſ      | X \$ 25 =   |  | OR    | X \$ 50 =                  |                        |
|   | Independent                                    | •   | Minus  | ***                               |                   | = '                                  |        | X \$ 100 =  |  | OR    | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |                   |                                      | ľ      | + \$ 180 =  |  | OR    | + \$ 360 =                 | · .                    |
|   |  |   |  |                                   |                   |                                      |        | TOTAL ADDIT.<br>FEE                                   |  | OR    | TOTAL ADDIT.<br>FEE        |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                                   |                   |                                      |        |   |  |       |                            |                        |